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Chianti Applina	(Depositor's name
1000	(Signature
October (0,2005	(Date

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	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
,	09/103,262	06/23/1998	Phillip W. Berman	402E-918405US	2802

TITLE OF INVENTION: HIV ENV ANTIBODIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 10/06/2005
nonprovisional	NO	\$1400	\$0	\$1400	
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SALVOZA, M	I FRANCO G	1648	424-148100	_	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
EASE NOTE: Unless	an assignee is identified bel	ow, no assignee data	will appear on the patent. If an assignostitute for filing an assignment.	gnee is identified below, the de	ocument has been filed for
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TRANSMITTAL FORM

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(to be used for all correspondence after initial filing)

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

Docket Number

Docket Number

Docket Number

09/103,262

June 23, 1998

BERMAN, Phillip W.

1648

Shanon A. Foley

402E-918405US

l otal Number of	Pages in This Submi	ssion	Attor	ney Docket Num	bei		
ENCLOSURES (check all that apply)							
X Issue Fee T	ransmittal	X	Fee Address	Indication Form		After Allowance Communication to Group	
Fee Attached		Drawing(s)			Appeal Communication to Board of Appeals and Interferences		
Amendment / Response		Letter to Draftsperson			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After	Final	Petition Routing Slip (PTO/SB/69) and Accompanying Petition)	Proprietary Information		
Affida	avits/declaration(s)		Petition to Cor Provisional Ap			Status Letter	
Extension of	Extension of Time Request		Power of Attor Change of Cor Address	ney, Revocation respondence	X	Additional Enclosure(s) (please identify below):	
Express Aba	Express Abandonment Request		Terminal Discl	aimer		receipt acknowledgment postcard	
Information D	Information Disclosure Statement			tatement			
Cortified Co.	ny of Priority	Request for Refund					
Document(s	Certified Copy of Priority Document(s) Response to Missing Parts/ Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.					additional fees associated with including any extensions of time	
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